

2011 ELECTION CYCLE

FAX # 601-359-1409

8-2011
1-10-2012
Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate JAMES K. "KEN" OVERSTREET
 Address P.O. Box 6543 County HANCOCK
 Telephone Work 228-372-0076 Home 228-372-0076 Fax 228-826-3473
 Contact Name KEN OVERSTREET Email Address STATE SENATE 46 CAMPAIGN
QATRICNEWSLETTER.COM
 Office Sought STATE SENATE 46 Political Party CONSTITUTION

☐ Check here if above is different from previous report

- ☐ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....Mandatory
☐ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....Mandatory
☐ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....Mandatory
☐ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....Primary Candidates
☐ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....Runoff Candidates Only
☐ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....Mandatory
☒ November 5, 2011 Pre-Election Report (October 1, 2011, through October 26, 2011) Nov 5, 2011.....Mandatory
☐ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....Runoff Candidates only
☒ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 6:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	\$ 0 + \$ 0 = \$ 0	\$ 0	\$ 0
Total amount of disbursements \$	\$ 0 + \$ 0 = \$ 0	\$ 450	\$ 785
Total amount of cash on hand	\$ 0	\$ 0	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1489 or 601-376-2619.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

OVERSTREET STATE SENATE 46

Reporting period

Oct 2011 through Nov 5 2011

ITEMIZED DISBURSEMENTS

A. Full name	<u>SEN CONST EAT, U</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>POB 2009/1246015</u>	<u>11/5/2011</u>	\$ <u>450</u>
City, State, Zip Code	<u>Bay SAINT LOUIS MS 39520</u>	<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)	<u>AD - 7X7</u>	Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/1</u>	\$
City, State, Zip Code		<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/1</u>	\$
City, State, Zip Code		<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/1</u>	\$
City, State, Zip Code		<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/1</u>	\$
City, State, Zip Code		<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/1</u>	\$
City, State, Zip Code		<u>1/1/1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$